COUNTY OF LEICESTER
EDUCATION COMMITTEE

ANNUAL REPORT

OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR

1951

G. H. GIBSON, M.B., Ch.B., D.P.H.

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INDEX

17, Friar Lane,
Leicester.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the work of the School Health Service in Leicestershire for the year 1951.

Reference was made in last year's report to the difficulties experienced in obtaining Assistant Medical Officers of adequate calibre and experience. This difficulty unfortunately persists and during the year we were unable to replace the two medical officers who resigned in 1950. As we were also handicapped by illness among our depleted staff, it will be understood that inevitably arrears of work accumulated.

The difficulties of the school dental service have been described on many occasions, and attention is drawn to the report of the school dental surgeon.

It is a relief to turn from branches of the service which appear to be disintegrating and turn to one where progress can be reported. The need for a Child Guidance Service has been apparent for some time and the year 1951 saw its inception. Dr. Graf, in his report, mentions the difficulties caused by the failure to obtain a Psychiatric Social Worker and those difficulties are very real; nevertheless, the Child Guidance Service has made a good start and as Dr. Graf's services are provided through the Regional Hospital Board and are made available to the County and the City Education Committees, we have a good example of co-operation between various authorities.

The necessity for co-operation between the school health service, the general practitioners and the hospitals and consultants, has been much discussed in medical circles recently. We have always been fortunate in this county in this respect and such co-operation is essential in the interests of the children.

It will be noted that reference is made in the report to the changing functions of the Minor Ailment Clinics. Originally set up to deal with such conditions as impetigo, scabies, etc., these clinics have now come much more to occupy the position of consultative clinics where children can be seen, by appointment, for special examinations which cannot be suitably carried out at the schools.

I am grateful to the members of the Committee for their interest in the work under their control and for their constant support, while our special thanks are due to the teachers throughout the county. I am glad to place on record my indebtedness to Dr. J. R. Byars and Mr. W. A. Thornton for their work, not only in the preparation of this report, but throughout the year.

I have the honour to be, your obedient servant,

G. H. GIBSON,
School Medical Officer.

REPORT

STAFF OF THE SCHOOL MEDICAL SERVICE.

School Medical Officer:
G. H. Gibson, M.B., Ch.B., D.P.H.

Deputy School Medical Officer:
J. R. Byars, M.B., Ch.B., D.P.H.

Senior Medical Officer:
Marjorie L. Campbell, M.B., Ch.B., B.A.O., D.P.H.

Assistant School Medical Officers:
Margaret O. Cruickshank, M.A., M.R.C.S., L.R.C.P.
Diana G. Paradise, M.D., D.C.H. (Resigned 31.1.51).
J. W. Hall, M.D., B.Hy., D.P.H.
R. W. Kind, M.R.C.S., L.R.C.P., D.P.H.

School Oculist—Regional Hospital Board:
Constance Walters, B.Sc., M.B., B.Ch.

Children's Psychiatrist—Regional Hospital Board:
A. K. Graf, M.D. (Vienna), L.R.C.P.(E), L.R.C.S.(E), L.R.F.P. & S.(G), D.P.M.

School Dental Surgeon:
P. Ashton, L.D.S.

Assistant School Dental Surgeons:
A. E. Ward, L.D.S.
C. L. R. McLellan, L.D.S.
D. R. A. Wilcox, L.D.S. (Retired 28.2.51).
W. G. Campbell, L.D.S.

Speech Therapists:
Miss A. W. Browne, L.C.S.T.
Miss K. M. Lang, L.C.S.T. (Appointed 17.9.51).
Mrs. T. D. F. Randall, L.C.S.T. (Part-time).

Superintendent School Nurse (combined duties):
Miss G. I. Carryer, S.R.N., S.C.M., H.V.Cert.

Deputy Superintendent School Nurse (combined duties):
Miss A. Hornsby, R.G.N., S.C.M., H.V.Cert.

NORTH DIVISIONAL EXECUTIVE.

Divisional School Medical Officer:
R. C. Holderness, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant Divisional School Medical Officer:
H. T. Phillips, M.D., D.P.H., D.I.H.

School Dental Surgeons (part-time):
R. Latimer, L.D.S.
D. M. Lawson, L.D.S.

REPORT OF THE COUNTY.

I.—GENERAL STATISTICS.

The number of schools in the county is as follows:—

	County	*Aided and Controlled*
Secondary	30	7
Primary	104	155
Nursery	5	—
Hospital Special	1	—
Total ...	140	162

Average number of children on the rolls ...	49,662
Average attendance	45,797

II.—MEDICAL INSPECTION.

Routine medical inspections of children in the scheduled age groups have been carried out but owing to the shortage of medical staff the total figures are lower than last year.

It was not possible to visit all the schools during the year but arrangements will be made for the children who were not examined to be seen early in 1952.

The attendance of parents in the first two age groups is very satisfactory and no less than 87% were present at the entrants' examinations and 66% at the inspection of the children between 8 and 9 years of age. As the children get older, parents tend less and less to accept the invitation to be present and by the time the children reach the secondary modern and grammar schools, few parents attend; one reason being the fact that most of the children travel fairly long distances by school transport, and even if the parents did wish to be present they would find it almost impossible, owing to the difficulties of public transport.

The details of the age groups are as follows:—

1. All children who were admitted to school for the first time.
2. All children between the ages of 8 and 9 years.
3. All children attending a maintained primary school during the last year of attendance.
4. All children who were between the ages of 14 and 15 years.
5. All children brought forward as specials at the request of parents or teachers.

The total number of individual children examined was as follows:—

Routine inspections	6,943
Other periodic inspections	3,017
Special inspections	1,328
Re-inspections	1,563
Total ...	12,851

III.—FINDINGS OF MEDICAL INSPECTIONS.

Nose and Throat Conditions.

748 children were found to require treatment and 527 were referred for observation.

Defective Vision and Squint.

The number of cases of defective vision referred for refraction was 848. This number included 97 cases of squint and 81 other conditions.

Ear Diseases and Defective Hearing.

119 cases were referred for treatment under this heading, 31 were cases of otitis media, 60 with defective hearing and 28 with some other condition.

Skin Diseases.

258 cases of skin diseases were referred for treatment. 13 cases of ringworm, 20 cases of scabies, 88 cases of impetigo and 237 other conditions. Most of the latter were cases of verrucas.

Heart and Circulation.

6 children were referred for treatment and a further 35 are being kept under observation.

Lungs.

28 children were found to require treatment for lung conditions and were referred to the Chest Clinic. 96 cases were referred for observation.

Orthopædic Conditions.

A total of 211 defects were recorded, 144 of which required treatment.

IV.—INFECTIOUS DISEASES.

Sporadic cases of Infantile Paralysis were still being reported during the year, but only 7 children of school age contracted the disease. Only one case was of the non-paralytic type and the other six were all referred for orthopædic treatment for residual paralysis.

All the cases were dealt with at the Isolation Hospitals during the infectious period and were then transferred either to Orthopædic Hospitals or Out-Patient Clinics.

As I mentioned in previous reports, the Warwickshire Orthopædic Hospital for Children will always provide a bed for any urgent case from this county—a fact which is much appreciated.

No cases of diphtheria were reported amongst school children and as only one case was reported last year, it would appear that the full benefit of immunisation is now becoming apparent. It is impossible to estimate what this means in terms of increased attendances at school, but it must be very substantial when it is realised that a few years ago, hundreds of children were away from school each year for as long as six weeks, either as sufferers or contacts of the disease.

The total number of notifications of measles was 1,985, and scarlet fever 179. Whooping cough cases totalled 595 and pneumonia 49.

32 cases of dysentery were reported during a few minor epidemics and 8 cases of food poisoning were also recorded.

In the past year, lectures were given to the staff of the School Meals Department on the dangers of food poisoning.

V.—FOLLOWING-UP BY SCHOOL NURSES.

The school nurses follow-up all cases found at routine inspections to have a defect requiring treatment. This necessitates visits to schools and

to the homes of the children. 1,961 such visits were made during the year and in addition, 771 visits were made to the various school departments.

The home visits included 975 for the first time, 872 second visits and 114 special visits.

All the school nurses hold combined appointments and also carry out the duties of health visitors.

VI.—MEDICAL TREATMENT.

Minor Ailments.

The attendance at minor ailment clinics continues to fall as a result of the National Health Service Act, 1948. The Hinckley minor ailment clinic has been closed and the clinics at Melton Mowbray and Coalville are only kept going because other work requiring definite appointments can be fitted in at the same time.

The number of attendances at the school clinics was as follows:—

Clinic	Children	Attendances
South Wigston	405	1,110
Melton Mowbray	180	357
Coalville	190	350
Leicester	230	233
Loughborough	850	4,039
Total ...	1,855	6,089

Ear Diseases and Defects.

All children requiring treatment for ear diseases are referred to the Leicester City Clinic or the local hospitals.

Defective Vision.

The number of children examined by refraction was 2,157 and 1,650 were found to require correction by glasses. Of the remaining 507, it was found that 262 did not require glasses and 245 were already wearing glasses which were satisfactory.

The number of glasses supplied to children was 1,380.

Before September 1st, all glasses were supplied through the Ophthalmic Services Committee, but from that date Dr. Walters was transferred to the Regional Hospital Board and all glasses are now supplied through the Hospital Eye Service.

Orthoptic Treatment.

Children requiring orthoptic treatment were referred to a private clinic in Leicester and travelling expenses were paid where application was made by the parents. From September 1st, the financial responsibility for this treatment was undertaken by the Regional Hospital Board through the Hospital Eye Service.

The number of children attending during the year was 290 and the number of attendances was 3,177.

Orthopædic Treatment.

The clinics at Hinckley and Coalville continue to be administered by this department on behalf of the Regional Hospital Board.

(a) Hinckley Orthopædic Clinic.

The number of sessions held during the year was 98 and the number of attendances was 2,035.

Treatment at this clinic included:—

Radiant heat and electricity	561
Muscle re-education and exercises	1,364
Massage and manipulation	542
Dressings and fitting of appliances	103
Application of plaster	14

In addition to the above, 16 patients attended for observation and a further 306 for examination by the orthopædic surgeon.

(b) Coalville Orthopædic Clinic.

This clinic was open for 95 sessions and the number of attendances was 2,482.

Treatment at this clinic included:—

Radiant heat and electricity	335
Muscle re-education and exercises	2,149
Massage and manipulation	421
Dressings and fitting of appliances	128
Application of plaster	15

In addition to the above, 19 patients attended for observation and 272 for examination by the orthopædic surgeon.

Children requiring in-patient treatment from these clinics are admitted to the Warwickshire Orthopædic Hospital for Children, Coleshill. The number of cases admitted during the year was 18—8 males and 10 females.

Treatment is also provided at the following clinics, but no figures are available.

(c) Loughborough Cripples' Guild.

Children from the Loughborough area are referred to this clinic and in-patients are dealt with at the Harlow Wood Orthopædic Hospital.

(d) Hospital of St. Cross, Rugby.

The majority of the orthopædic cases in the southern part of the county are referred to the orthopædic department of this hospital.

(e) Leicester City Orthopædic Clinic.

Treatment is provided at this clinic for children living on the outskirts of the city and in-patients are dealt with at the Leicester General Hospital.

Tonsils and Adenoids.

Cases requiring operative treatment continue to be admitted to Bosworth Park Hospital, but from June to the end of the year, all admissions were cancelled owing to the serious shortage of nursing staff.

One session a week is held at the Hinckley District Hospital and this has continued regularly throughout the year. The waiting list in this area is practically down to normal.

Children from the Melton Mowbray area are referred to the Memorial Hospital and the waiting list here is normal.

Last year I reported that it was hoped to admit children to the District Hospital at Ashby-de-la-Zouch, but these arrangements did not materialize and the cases from this area are still on the waiting list for admission to the Bosworth Park Hospital.

The Hospital of St. Cross, Rugby, deals with the cases in the southern part of the county and no undue delay is experienced.

The waiting list for the Bosworth Hospital is very formidable, but it is hoped that a start will be made in the New Year and if admissions continue regularly, the waiting list will gradually be reduced.

The number of operations performed during the year was 511 at the following hospitals:—

Loughborough General Hospital	250
Hinckley District Hospital	116
Market Bosworth Hospital	45
Melton Mowbray Hospital	66
Other Hospitals	34

VII.—DENTAL TREATMENT.

Report of the School Dental Surgeon.

I have already submitted a report to the medical committee on the position of the dental scheme at the present time, and in this, my thirty-third annual report, at the commencement of my thirty-ninth year in the school health service, I propose to write on the question of national dental health from a much wider viewpoint.

The only sound foundation on which a national scheme can be built is the systematic inspection and treatment at regular intervals of every person from childhood onwards. In approaching this subject, it should be borne in mind that this is only a part, though a very important one, of the whole public health service.

Under the old National Health Insurance, the limit of expenditure on extra benefit was governed by the amount the societies could accumulate by sound administration. It was then decided what proportion should be allocated to dental treatment and in what priority it should be given. They rightly considered that the first to benefit should be those members who realised the value of dental treatment and wanted sound dental health, and who were prepared to help themselves by paying a proportion of the cost. They were also required to accept the conditions imposed by the societies that all treatment recommended by the dentist should be carried out. Some companies were in a position to pay the full cost of treatment other than the provision of dentures.

Local authorities, when introducing dental schemes, saw very clearly that any attempt to cope with the results of years of neglect amongst the school population of the country, would involve very considerable expense. They therefore decided to begin on a small scale by giving priority to the younger age groups and gradually extend the service by adding an extra age group each year until the whole of the school population was included. Under this scheme a large proportion of children were leaving school with a sound permanent dentition, but unfortunately, a hiatus of two years existed before they were accepted under the National Health Insurance Scheme and a further period before they were eligible for dental benefit. For years the dental profession, through its association, campaigned to close this hiatus and make dental benefit statutory for the younger entrants at least.

There has been, however, one big drawback in the school dental service, i.e., parents who persistently refuse treatment for their children and who fail to remedy matters by consulting private practitioners. In a report I made in 1925, I stated that the matter of refusals had a wider bearing than was at first apparent. It was highly probable that dental

benefit under National Health Insurance would become statutory, enabling children to continue with treatment after leaving school. The following two instances show the important bearing which refusals have on any dental service.

Case "A," aged fourteen years, leaves school with a clean healthy mouth and a full complement of second teeth, having always availed himself of the facilities for treatment provided through the school health service.

Case "B," aged fourteen years, leaves school with an unhealthy mouth and several badly decayed teeth, having persistently refused treatment through the school health service.

Both these boys become eligible for treatment under the National Health Insurance Scheme. It is obvious that "B" is more likely to be a liability on the Insurance Scheme than "A". Thus "B", by his own or his parents' refusal to take advantage of preventive treatment, becomes a greater charge on the exchequer, unless some safeguard as regards refusals is introduced.

In 1931, I reported that in this county the number of refusals was always higher in the large industrial areas where there are greater facilities for the speedy relief of aching teeth by extractions. The only treatment that most of these refusals ever have is the extraction of an aching tooth. Any advice offered by private dental practitioners or school dental officers to this type of parent is always disregarded. The same conditions apply all over the country, as will be seen from the reports of other local authorities. In 1932, when refusals totalled 25%, I reported as follows:—

> "It is unfortunate that there is a type of parent who is strangely lacking in his conception of the duties of citizenship, and who fails to take reasonable measures to prevent his children becoming a burden on public funds in later life. Talks and lectures make no impression on these parents. I can, therefore, see only one solution and that is compulsion in some form. If treatment were made compulsory either at the school clinic or by a private practitioner, I am confident that much ill-health in later years would be avoided. In addition, the expenditure through the insurance schemes as a result of neglectful parents would be greatly reduced and the cause of national economy better served."

As a result of this report, the committee gave considerable thought to the problem and decided that children who had persistently refused treatment over a long period should be excluded from all benefits under our scheme.

In 1933, the refusal rate fell to 23% and I commented on this by saying:

> "The policy of refusing treatment to any cases marked as an old refusal may appear somewhat drastic, but it is only by these methods that parents are made to realise that the aim of the scheme is prevention. It is remarkable how many of these parents accept treatment for the younger members of the family, and this should eventually help in reducing the number of refusals."

In 1936, the committee decided to inform all parents that if they refused treatment on two occasions, any further treatment would have to be provided at their own expense. As a result of these measures, I was able to report in 1939 a further fall in the number of refusals, the figure

recorded being 17%. It was therefore obvious that parents were beginning to realise that public funds would not be used to rescue their children from trouble which resulted directly from their refusal of preventive treatment.

In 1948 the National Health Service Act came into operation and offered so much opportunity for greater monetary reward than did the public service, that not only was all chance of obtaining additional staff destroyed, but many of the younger dental officers already in the school health service left for private practice.

When deciding to provide free dental treatment under this new Act, no-one seems to have realised the large number of case "B"s referred to in my report of 1925, or the number of people lacking in their conception of the duties of citizenship, as I mentioned in 1932. The results of their action immediately became apparent, as private practitioners were literally inundated with demands for treatment. This meant the exclusion in some areas of patients who previously sought regular treatment, to say nothing of the colossal expense involved.

Before any progressive policy can be pursued, it is necessary for certain facts to be made clear. Firstly, the beneficiary should understand that only a very small portion of his weekly contribution and that of his employer is allocated to the health service; the larger part being devoted to pensions and unemployment benefit. Secondly, both the beneficiary and the dental profession should fully understand that the greater part of the cost of this scheme has to be borne by the taxpayer. Thirdly, the scheme itself and all persons participating, including the administrators, beneficiaries and the profession, should be more concerned with the prevention of disease rather than curative methods. It is an old and true saying that prevention is better than cure, and I may add, considerably cheaper. Bearing these facts in mind, I would suggest for consideration as a long term policy:—

1. That all children should be inspected at least once a year, as laid down in the Education Act, 1944. The most economical way of doing this is at present in operation.

2. Children found to require treatment should be given the choice of attending private practitioners or the school clinics. It should be made clear that regular free treatment can only be continued if all the treatment recommended is accepted. In addition, they should be allowed to receive free treatment through the National Health Service, if they had always accepted treatment offered by the school health service. Where this was not the case, any necessary treatment which was due to neglect in the first place, would have to be undertaken at the patient's own expense.

3. These arrangements must be left in the hands of local authorities who should receive 100% grant, and the Ministry should insist that conditions of service be the same with all authorities. This would remove the anomaly of paying twice—as a ratepayer and a general taxpayer. On leaving school, adolescents should be informed of the necessity for continuing regular inspection and treatment, either by a private practitioner or at a health centre, and that failure to observe this rule would jeopardize their right to free treatment in the future.

I believe that the majority of children during their school life would prefer to be treated through the school health service and therefore the monetary reward for school dental surgeons should be such as to attract sufficient staff of the highest quality.

As a short term policy, free treatment should be made available to all persons aged 21 years and under, and the age limit should be increased each year for those who are prepared to present themselves for regular inspection and treatment. This one condition provides an opportunity for all persons at present 21 years of age and under to have their mouths made dentally healthy and kept so for life, free of charge. This would also solve the problem of those members of the profession who now complain of insufficient work.

Commenting on Mr. Hector McNeil's suggestion in Parliament that the age of exemption should be increased by one year each succeeding year, the leading article in the British Dental Journal of April 15th, 1952, stated as follows:—

> "It is easy to see that such a scheme would be open to the objection that those members now over 21 years of age would be called upon to pay an unfair proportion of the charges. The force of this contention would, however, be lessened to some extent if it were made a condition of receiving free treatment that the patient should have had his or her mouth examined and any necessary treatment carried out at least once a year. The State would then, in effect, be saying, 'We are prepared to keep your teeth in order free of charge if you on your part will have any necessary treatment carried out at regular intervals, otherwise you will be expected to pay either some part or the whole of the cost of treatment which is attributable to your own neglect.' A policy of that kind steadily pursued over a number of years and complete with the application of measures of prevention, would yield increasingly valuable dividends in the form of a reduction in the incidence of dental disease and consequent improvement in the health of the nation."

It is gratifying to find the writer of this article suggesting a course which my committee adopted twenty years ago, and confirmed and strengthened in 1936 with the beneficial results which were apparent by 1939.

In conclusion, may I quote the member of Parliament who said during a debate in the House: "The school dental service has always been the Cinderella of the profession".

The school dental surgeons have known this for a very long time, they also know the other characters in the story and the happy ending.

I am confident that events will follow the same course and when the story of the health service is written in years to come, Cinderella will occupy her rightful position. Being satisfied of this, I am proud to have spent thirty-eight years in the service.

PERCY ASHTON, School Dental Surgeon.

VIII.—NUTRITION.

Last year attention was called to the fact that the percentage of children classified as "A" nutrition had increased while the number of children in the "B" group had decreased.

This year the number of children in the "A" group has further increased to 37.65% with a corresponding fall in the numbers in the "B" category to 60.26%.

It is also interesting to note that only 2.09% were recorded as having poor nutrition. Last year's figure was 3.19%.

Full details of the numbers in each group are shown in table "B" which is included with the statistics at the end of this report.

IX.—MILK IN SCHOOLS.

With the exception of one primary school of 23 pupils where full cream milk powder is available, all the schools are supplied with liquid milk.

The following figures show the number of children in primary and secondary schools taking milk on a single day in February, 1952.

	Primary	Secondary
No. of children in attendance ...	30,830	14,230
No. of children taking milk ...	26,783	7,907
Percentage of children taking milk	86.87%	55.56%

Both these percentages are lower than last year.

Milk is supplied free of charge to all pupils. In nursery schools, children are allowed two-thirds of a pint, and in other schools one-third of a pint a day for each child.

X.—PROVISION OF SCHOOL MEALS.

During the year ending March, 1951, the number of dinners served in Leicestershire was 4,264,442.

The following table shows the present position in regard to the number of children taking dinners on a single representative day in February, 1952.

	Primary Schools	Secondary Schools	Total
Total number of children on the roll in all primary and secondary schools on the day selected ...	34,477	15,574	50,051
Total number of children on the roll in primary and secondary schools with facilities for meals	31,868	15,574	47,442
Total number of children present in primary and secondary schools where meals are available ...	28,460	14,230	42,690
Total number of children taking meals on the day selected ...	12,905	9,460	22,365
Percentage taking meals	45.34%	66.47%	52.38%

Secondary school children are, of course, in many cases taught at a distance from their homes and are forced by circumstances to use the school meals service. It does, however, seem a pity that where school meals are provided, more children do not avail themselves of this service. Parents should realise that not only are some rations for school meals bigger than normal, but that school meals are subsidised to enable children to receive an indirect form of children's allowance.

XI.—REPORT OF ORGANISERS OF PHYSICAL EDUCATION FOR YEAR ENDING 31.12.51.

General.

The experiments carried out during the last three years have shown the value of providing in the infants' and primary school playgrounds some form of fixed and portable apparatus on which the children can practise individual climbing, heaving and balancing exercises.

The greater interest taken in physical education by both pupils and teachers is obvious in those schools where some form of apparatus has been installed.

Although the provision of apparatus is a slow process, a point has now been reached at which the majority of the schools use some form of apparatus during the lessons. In many rural schools apparatus suitable for their own playgrounds has been made by the teachers.

The experiments have also shown that most teachers realise that unless the fundamentals of correct movement are emphasised during the activities, and unless the pupils are guided along progressive lines, according to ability, the educational value of the apparatus is lost. This particular aspect of the work has been constantly stressed during visits to schools and at demonstrations.

In the secondary modern schools the work continues on less formal lines with good results. Games skills and opportunities for individual practices have been incorporated in the lessons. All boys and girls have a weekly period of organised games on a playing field.

Swimming.

The revision of the arrangements in order that the available resources may be spread over the greatest number of schools has provided an opportunity for more primary school children to visit the baths. This has undoubtedly led to an increased enthusiasm for swimming in the county. Many of the pupils arriving at the senior schools are able to swim, with the result that more detailed attention can be given to technique. It is hoped that it will be possible in future for more than one school to be taken at a time, so that still more primary schools may attend.

Clothing and Footgear.

The return to conditions under which all children change completely or remove superfluous clothing for organised games has proved much more difficult than was expected. Reluctance to change for games affects the boys more than the girls. The increased cost of suitable clothing and shortage of adequate changing room and washing facilities may be partly responsible for this, but to play football in long trousers and wellington boots is detrimental not only to the pupil's every day clothing but to the spirit in which the game is played. If school teams can turn out in suitable clothing for matches, the same conditions should apply to all games.

Teachers' Classes.

Teachers' classes have been held at the following centres:

Hinckley	Primary Teachers (Mixed)
Hinckley	Secondary Modern and Primary Teachers (Mixed)
Coalville	Secondary Modern and Primary Teachers (Mixed)
Leicester	Secondary Modern and Primary Teachers (Men)
S. Wigston	Primary Teachers (Mixed)
Stathern	Primary Teachers (Mixed)
Loughborough	Primary Teachers (Mixed)
Melton Mowbray	Primary Teachers (Mixed)

A coaching course for umpires in hockey was held at Leicester University and the Wyggeston Girls' Grammar School.

Women's Institutes.

A number of Women's Institutes have been visited and advised on home health exercises and country dancing.

Demonstrations.

Three comprehensive demonstrations were given at Hinckley, Market Harborough and Loughborough showing a variety of physical activities by children and adults.

Conference.

A half day conference on physical education for girls in secondary modern schools was attended by 40 headmistresses, senior assistants and physical education specialists.

The discussions proved interesting and profitable.

Playing Fields—Maintenance.

Four motor gang mowing units are operating in the county with centres at Coalville, Hinckley, Loughborough and South Wigston. 184 acres of playing fields have been serviced during the year.

Leicestershire Physical Education Association.

Under the auspices of the above association, courses in archery and basic movement were held.

Schools' Voluntary Associations.

The schools' voluntary associations have continued their activities. Inter-school matches in football, cricket, netball, rounders and hockey have increased in number. Greater interest in athletics is evinced by the number of training courses arranged and by the higher standard of achievement shown in both field and track events.

The Leicestershire Schools' Athletic Association continue to do good work. 60 Leicestershire boys and girls competed at the national sports held in July at Southampton. The aggregate position of Leicestershire was 14th out of 35 counties.

Two new associations have been formed during the year, a Secondary Schools' Swimming Association and a Schools' Boxing Association affiliated to the English Schools' Boxing Association.

M. D. O. COLE,
D. MILLER,
Organisers of Physical Education.

XII.—HANDICAPPED CHILDREN.

The numbers of handicapped children at present on the register are as follows:—

	No. on register	No. in special schools
Educationally subnormal	91	17
Maladjusted	8	3
Epileptic	1	5
Blind	—	5
Partially Blind	—	15
Deaf	2	19
Partially Deaf	2	13
Physically handicapped	114	5

(4 children are receiving home tuition.)

35 cases were reported to the Mental Health Department during the year. 29 under Section 57(3), and 6 under Section 57(5) of the Education Act, 1944.

A special residential school at Craven Lodge, Melton Mowbray, is now ready for occupation and the necessary staff have been appointed. It will officially open on April 29th, 1952, and the first group of children for admission has been selected by a special committee.

The opening of this special school will be warmly welcomed by the medical staff, not only because educationally subnormal children will be given a chance of some form of education, but what is equally important, the border-line case can be admitted for a trial period to enable the medical officer to decide whether the case can be dealt with through the education system or the Mental Health Department.

As admissions will be confined to junior children, it is hoped that the education committee will be able, in the near future, to make some provision for seniors; otherwise we shall arrive at the position where children have spent several years in a special school and when they begin to derive some benefit, will be discharged either to their homes, or to an ordinary school. These are the children who tend to become juvenile delinquents and find themselves in the hands of the police, a situation that we should try to avoid at all costs.

The appointment of a Children's Psychiatrist has much alleviated the position of the maladjusted child in the county and a report by Dr. Graf appears later under Section XVI.

Fresh interest is now being taken in the deaf and partially deaf child as a result of recent advances in training techniques. It is hoped that an accurate assessment of the position of these children in this county will be available in the near future.

In the most modern special schools, deaf children are admitted at as early an age as possible so that they may become proficient at speaking as well as lip-reading. Much can also be achieved by training the mother how to best help her child even before it is a year old. This change brings with it the problem of separating young children from their parents, a course which may do so much mental harm that it will counteract any improvement resulting from the training in a special school. If children can go home at weekends, a satisfactory compromise is possible. It would, therefore, seem that an attempt should be made to have deaf children educated in Leicester so that they can return home at weekends.

Children physically handicapped as a result of poliomyelitis are beginning to create a problem. In some the disability is severe and many are young. Ordinary schools do not have the facilities or staff to look after these children, but, on the other hand, they do not require the nursing and medical care provided at hospital schools for the severely handicapped.

XIII.—SPEECH THERAPY.

During the year the services of another full-time Speech Therapist became available and the staff now consists of two full-time and one part-time Speech Therapist.

Additional clinics were opened at Market Harborough, South Wigston and Melton Mowbray. As a result of the extra clinics, many children are now able to receive treatment with the minimum of travelling and are therefore able to attend more regularly.

Better contact has been possible between teachers and parents and the co-operation of the former, which is most essential when dealing with children with serious speech defects, has been very helpful and is much appreciated by the Speech Therapists.

In the areas where regular clinics are held, a survey of children in the primary schools was undertaken and many new cases were discovered and treatment arranged.

The numbers of children attending and the number of attendances at the various clinics is as follows:—

Clinic	No. of Sessions	No. of Children	No. of Attendances
Leicester	345	92	1,187
Loughborough	112	43	465
Coalville	94	28	390
Hinckley	86	26	439
Melton Mowbray ...	24	16	96
Market Harborough ...	24	12	86
South Wigston	39	22	156

84 children who did not require treatment were examined and 60 cases were discharged.

XIV.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Children are examined and certificates issued as to their suitability for employment and 154 such examinations were carried out as follows:—

Delivery of newspapers	120
Errands	27
Agricultural work	7

With the present standard of health among senior children, it is doubtful now whether this medical examination serves a useful purpose. Only one child has been refused a certificate in the past two years and he could equally well have been referred by the head teacher. Important defects are recorded at routine examinations and children with any physical abnormality could be referred for a special examination if seeking employment. Any child about whom the teacher had doubts could also be re-examined.

An alteration of the bye law which requires an actual medical examination to be carried out in each case now seems overdue.

XV.—MASS X-RAY EXAMINATIONS.

The X-ray examination of senior children attending county schools was continued during the year. Transport was provided to take the children to the Mass Radiography Unit and in several districts, the Unit was based at the school clinics.

Nearly 2,000 children were X-rayed and the results were as follows:—

	Boys	Girls	Total
No. of miniature X-rays ...	993	959	1,952
No. recalled for large films	29	30	59
No. medically examined ...	9	14	23
Tuberculosis active ...	—	3	3
Tuberculosis inactive ...	3	3	6
Neoplasm	—	1	1
Bronchiectasis	2	3	5
Cardiac	1	—	1

The Mass Radiography Unit will be visiting other parts of the county early next year and it is hoped to extend these facilities to senior children in the more rural districts. With the raising of the school leaving age, children in attendance at school are now in the age group showing a high incidence of tuberculosis and this new service is performing a useful and important function. Teachers are encouraged to attend with the children and many do so. A teacher who has an infectious tuberculous lesion can, as has been recently shown in another part of the country, be a great danger to children.

XVI.—CHILD GUIDANCE SERVICE.

The Regional Hospital Board appointed a Children's Psychiatrist as from April 1st, 1951, and his duties are divided between the city and county.

The following is his report on the work of the Child Guidance Service during the year:—

"I was appointed by the Regional Hospital Board in December, 1950, but was not able to take up my duties as Children's Psychiatrist until April, 1951. The period under review is therefore less than eight months. 91 new cases were seen by me and the total number of attendances was 278. Many of these cases had to be seen several times and some were taken on for play and individual therapy, necessitating as many as ten or twenty attendances.

"The co-operation of school medical officers, general practitioners, parents and teachers to this new service was extremely satisfactory, and the relatively high and increasing number of cases seen at clinics outside Leicester indicates that there is a great need for such a service. One of the difficulties encountered is the complicated problem of reaching all the children and parents in need of attention. Sessions are held and treatment is available at Loughborough, Melton Mowbray, Hinckley and Market Harborough, and it is hoped to expand the efficiency of the service within the county still more in the future. If travelling facilities permit, the more complicated cases are interviewed at Belvoir House, Leicester, where the playroom facilities are much more satisfactory. These premises are somewhat overcrowded and we are looking forward to the time when a county clinic will be available in Leicester for our sole use.

"Unfortunately, we have not been able to obtain the services of a psychiatric social worker and this part of the work has had to be dealt with by the educational psychologist and myself. I am particularly indebted to the educational psychologist for the work he has undertaken since my arrival in visiting homes to compile the necessary information concerning the family background of the patients. The response of the Juvenile Courts to the newly formed Child Guidance Service has been particularly gratifying, and the number of cases referred for consultation and treatment is constantly increasing. It is very regrettable that the recent economy cuts have led to the postponement of the opening of the hostel for maladjusted children, as our work has proved that there is a very great need for such an institution.

"In conclusion I wish to thank the school medical officer for all again wish to mention the educational psychologist, without whose unending enthusiasm it would have been quite impossible to have achieved such satisfactory results in so short a time."

A. K. GRAF, Children's Psychiatrist.

XVII.—NORTH DIVISIONAL EXECUTIVE.

Annual Report of the Divisional School Medical Officer, 1951.

I have the honour to present my seventh annual report as Divisional School Medical Officer.

The normal work of the department has continued steadily throughout the year and there are one or two extensions of the service to report.

A start has been made on the diagnosis and treatment of children shewing psychological disturbances due to their maladjustment to home and/or school life. Dr. A. K. Graf, a psychiatrist of the Regional Hospital Board, commenced a child guidance clinic in April and has held a number of sessions during the year.

The dental department has, contrary to the experience of most authorities, worked smoothly and it has been possible to provide a service covering practically the whole of the primary and secondary modern pupils in the North Divisional Area. A part-time dental attendant was appointed in November, and this has eased the very heavy burden imposed by the expansion of the service.

The speech therapy clinic has been extended and has done useful work.

I should like to express my appreciation of the assistance I have received from the County Medical Officer, the Divisional Education Officer, Dr. Phillips, the Head Teachers and the staff of the school medical and other departments concerned.

In conclusion may I thank the committee for their support during the year.

General Statistics.

Estimated Population		60,295
	No. of Schools	No. on Rolls
Primary	34	5,825
Secondary Modern	4	1,743
Secondary Grammar and Technical	4	1,219
Nursery	1	30
		8,817

Medical Inspection.

The number of children examined at the periodic medical inspections in the primary and secondary schools totalled 2,276. In addition 309 children were re-examined in connection with defects found at previous inspections. Among 490 children thus examined or re-examined 169 cases of defective vision and 365 other conditions requiring treatment were discovered. A further number were recorded as requiring to be kept under observation.

Uncleanliness.

The number of children found to be verminous at the cleanliness inspections by the school nurses was 299. This represents roughly 4% of the number of children examined. It might be considered that in these days such a figure is high, but the majority of cases are but slight and the parents quickly remedy the condition when their attention is drawn to it. These cases are really a reflection of the hard core representing probably not one child in a hundred, whose standards of hygiene on all counts are low and who act as a reservoir of infection whence the other cases arise. These children are repeatedly found to be verminous and neither precept nor punishment has much permanent effect.

In Loughborough itself, where the relatively short distances make it possible, it has been found to be of considerable help for these "chronic" cases to attend regularly each week at the school clinic for inspection and if necessary for the application of an insecticide. In this way known sources of infestation have been kept under control and the prolonged intensive supervision has a more lasting, and possibly permanent educational value. During the year 426 attendances were made for this purpose.

At the cleanliness inspections the children are also examined for the presence of scabies or other contagious conditions. A number of cases of scabies were detected in this way.

A total of 21,640 inspections were made during the year. The number of visits to homes was 114.

Diseases of the Ear, Nose and Throat.

105 children were referred for operative treatment for tonsils and adenoids during the year. 250 cases were treated during the year. 7 cases received operative treatment for ear conditions.

Defective Vision and Squint.

272 children were examined at the school clinic for defective vision during the year and spectacles were prescribed in 217 cases. In 45 cases glasses were not necessary and in 10 the present glasses were satisfactory. There does not now appear to be any unreasonable delay in obtaining spectacles owing to supply difficulties. Arrangements are in force to notify head teachers of schools of all children for whom spectacles are prescribed.

General Condition.

Under this heading, children examined at the periodic medical inspections are classified as falling into one of three groups, Good, Fair or Poor. The middle category "Fair" may be taken to represent the bulk of normal children. "Good" represents those children whose condition stands out as better than "Fair" while the "Poor" category denotes those whose condition is below what is a reasonable standard of fitness. The classification to one category or the other is made by the medical examiner after an appraisal based on all those features indicative of a child's state of well being or otherwise.

The figures were:—

		1950	1951
Good	...	32.8%	39.8%
Fair	...	63.4%	57.5%
Poor	...	3.8%	2.7%

The general trend during the past few years has been for a reduction of the numbers in the "Poor" category.

Minor Ailments.

During the year 827 children made 3,613 attendances at the minor ailments clinic. These included 15 cases of scabies.

One not uncommon minor ailment which gives rise to a good deal of annoyance and discomfort is the plantar wart. These warts occur on the soles of the feet and are contagious, being spread by inoculation of the bare feet in swimming baths and changing rooms and in dancing. It is possible to control the infection to some extent in swimming baths and annexes, by frequent swabbing of the floors with disinfectant as is usually done, but this is hardly possible in the case of school halls or gymnasia used for dancing. However much one may regret it, the practice of dancing in bare feet is to be deprecated. Children should wear plimsolls or other suitable footgear and each child should have her own pair since the communal shoe pool is obviously an even greater source of infection, apart from the difficulties of proper fitting.

School Clinic.

In addition to its use as a venue for treating minor ailments, to which reference was made in the report for 1949, the school clinic has an important function as an advisory and diagnostic centre for parents on all matters connected with the health of their children. Cases found at periodic school inspections may be invited to attend for more detailed examination than can be given in the limited time available at a school medical inspection. A parent who is not present at the school may be interviewed to give a more detailed medical history of the child and to be given personal advice regarding further treatment or outside specialist investigation, if such should prove to be necessary.

Dental Inspection and Treatment.

The number of children inspected during the year was 6,484, and of these 3,320 were found to require treatment. 3,367 children were treated, making 3,837 attendances.

The percentage of consents was 73.8, those attending a private dentist was 19.0, leaving 7.2 who either refused treatment or failed to indicate their wishes in the matter.

Supply of Milk and Dinners.

A count of the number of children taking milk and dinners on one day in October gave the following figures. Those for 1950 are given for comparison.

	1950	1951
No. of children on the registers ...	8,465	8,834
No. of children taking milk ...	6,176	6,421
No. of children taking dinners ...	2,942	2,955

198 of the children taking dinners have it free.

Samples of the milk supplied to the schools were regularly examined and found to be satisfactory.

Handicapped Children.

During the year one child was recommended for special educational treatment in a school for the deaf.

A number of children were recommended for, and obtained, varying periods of convalescent home treatment on account of their general debility. It is frequently found that a child who is always ailing and generally not making progress is as it were "set on his feet" by such a change of environment and that, on return home, the improvement is maintained.

Eleven children were examined regarding educability, of these, three were recommended for special educational treatment and eight for report to the Mental Deficiency Committee.

Speech Therapy.

No. of sessions	112
No. of children attending	43
No. of attendances	465
No. of children discharged ...	12
No. on waiting list	—

Miss Browne, the Speech Therapist, reports as follows:—

"In October it became possible to hold the speech clinic at Loughborough on two days a week, instead of one, and more children were able to receive treatment. Twice-weekly attendances were also arranged when necessary.

"The clinic deals mostly with cases of dyslalia, i.e., "baby speech," stammering and repaired cleft palate, and the majority of children attending regularly have shown considerable improvement.

"The very complex disorder of stammering usually requires prolonged treatment, which gives gradual relief from the stammer, rather than any sudden cure. The dyslalic children make good progress, especially when help is given at home and school."

R. CAUTLEY HOLDERNESS,
Divisional School Medical Officer.

XVIII—STATISTICS FOR THE WHOLE COUNTY.

Year ended 31st December, 1951.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups.		
Entrants		2,750
Second Age Group		2,061
Third Age Group		2,132
	Total	6,943
Number of other Periodic Inspections		3,017
	Grand Total	9,960

B.—Other Inspections.

Number of Special Inspections	1,328
Number of Re-inspections	1,563
Total	2,891

C.—Pupils found to require Treatment.

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIa. (3)	Total individual pupils. (4)
Entrants	33	436	441
Second Age Group ...	146	115	256
Third Age Group ...	134	75	201
Total (prescribed groups)	313	626	898
Other Periodic Inspections	186	261	428
Grand Total	499	887	1,326

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1951.

Defect Code No.	Defect or Disease	Periodic Inspections No. of defects		Special Inspections No. of defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4.	Skin	24	17	234	5
5.	Eyes—a. Vision ...	499	91	171	6
	b. Squint ...	85	12	12	—
	c. Other ...	30	12	51	1
6.	Ears—a. Hearing ...	32	19	28	3
	b. Otitis Media	16	10	15	—
	c. Other ...	9	5	19	—
7.	Nose or Throat ...	475	513	273	14
8.	Speech	12	15	16	1
9.	Cervical Glands ...	52	53	18	1
10.	Heart and Circulation	6	34	—	1
11.	Lungs	16	93	12	3
12.	Developmental—				
	a. Hernia ...	17	14	—	—
	b. Other	5	30	3	—
13.	Orthopædic—				
	a. Posture ...	11	7	4	1
	b. Flat foot ...	48	14	1	—
	c. Other	35	43	45	2
14.	Nervous system—				
	a. Epilepsy ...	1	3	3	—
	b. Other	2	12	6	1
15.	Psychlogical—				
	a. Development	—	16	2	—
	b. Stability ...	2	5	1	—
16.	Other	100	51	160	1

B.—Classification of the General Condition of Pupils inspected during the Year in the Age Groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	Per-centage	No.	Per-centage	No.	Per-centage
1	2	3	4	5	6	7	8
Entrants	2,750	933	33.93	1,756	63.85	61	2.22
Second Age Group ...	2,061	886	42.99	1,116	54.15	59	2.86
Third Age Group ...	2,132	844	39.59	1,251	58.68	37	1.73
Other Periodic Inspections	3,017	1,087	36.03	1,880	62.31	50	1.66
Total	9,960	3,750	37.65	6,003	60.26	207	2.09

TABLE III.

Infestation with Vermin.

(i)	Total number of examinations in the schools by the school nurses or other authorised persons	121,480
(ii)	Total number of individual pupils examined	—
(iii)	Total number of individual pupils found to be infested	1,936
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	4
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3) Education Act, 1944)	—

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Group 1.—Diseases of the Skin (excluding uncleanliness, for which see Table III).

	Number of cases treated or under treatment during the year.
Ringworm—	
(i) Scalp	5
(ii) Body	8
Scabies	19
Impetigo	86
Other skin diseases	221
Total	339

Group 2.—Eye Diseases, Defective Vision and Squint.

	Number of cases dealt with
External and other, excluding errors of refraction and squint	204
Errors of refraction (including squint)	2,277
Total	2,481

Number of pupils for whom spectacles were	
(a) Prescribed	1,867
(b) Obtained	1,573

Group 3.—Disease and Defects of Ear, Nose and Throat.

	Number of cases treated.
Received operative treatment	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsillitis	524
(c) for other nose and throat conditions	—
Received other forms of treatment	32
Total	563

Group 4.—Orthopædic and Postural Defects.

	Number of cases treated.
(a) Number treated as in-patients in hospitals ...	18
(b) Number treated otherwise, e.g., in clinics or out-patient departments	399
	417

Group 5.—Child Guidance Treatment.

	Number of cases treated.
Number of pupils treated at Child Guidance Clinics ...	107

Group 6.—Speech Therapy.

	Number of cases treated.
No. of pupils treated by Speech Therapists	239

Group 7.—Other Treatment given.

	Number of cases treated.
(a) Miscellaneous minor ailments	821
(b) Other than (a) above (specify)	
Minor Eyes	18
Minor Ears	28
Total	867

TABLE V.

Dental Treatment carried out by the Authority.

(1)	Number of pupils inspected by the Authority's Dental Officers:—		
	(a) Periodic age groups		23,838
	(b) Specials		1,248
		Total	25,086
(2)	No. found to require treatment		11,352
(3)	No. referred for treatment		11,352
(4)	No. actually treated		9,661
(5)	Attendances made by pupils for treatment		13,405
(6)	Half-days devoted to:—		
	Inspection		307
	Treatment		1,981
		Total	2,288
(7)	Fillings:—		
	Permanent teeth		7,778
	Temporary teeth		250
		Total	8,028
(8)	No. of teeth filled:—		
	Permanent teeth		6,680
	Temporary teeth		250
		Total	6,930
(9)	Extractions:—		
	Permanent teeth		599
	Temporary teeth		10,729
		Total	11,328
(10)	Administration of general anæsthetics for extraction ...		233
(11)	Other operations:—		
	Permanent teeth		429
	Temporary teeth		1,803
		Total	2,232

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